

DEPARTMENT OF HUMAN SERVICES
Provider / Employee / Volunteer
Certificate Of Understanding
ATTACHMENT E

(This must be signed by every provider, employee, and volunteer in Human Services Programs).

I have read and been provided a personal copy of the Provider Code of Conduct.

I understand the expectations outlined in the Code and will strive in good faith to comply with the provision therein. Any questions or clarifications of the Code have been presented and satisfactorily responded to.

Signature

Date

Signature

Date

Program / Facility

Address

City Zip